

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	7-27-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	2-7-00
2	5-23-00
3	6-27-00
4	6-27-00
5	6-27-00
6	6-27-00
7	6-27-00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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